

Wibaux County FSA Office
502 2nd Ave. NW
Wibaux, MT 59353 9040
Phone 406-796-2221

County Committee Members

Steve Kreitinger, Chairman
Ted Dukart, Vice Chairman
Gerald Goroski, Reg member
Bettye Knight, COC Advisor

FSA Office Personnel

Candace Schneider, PT Ext. 100 or Opt. "2"
Matt Shell, PT Ext 105
Jan Just, CED Ext. 102
Jean Zinda, Temporary

NRCS Office

Katrina Johnson Ext. 101

Conservation District

Renee Nelson Ext. 106

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**We have noticed we cannot pickup  
any messages left by a cell phone!**  
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Dates to Remember:

May 15-July 15 – FSA State
Committee established Primary
Nesting Season for CRP (Old Rules)

May 15-August 1 – Primary Nesting
Season for CRP contracts affected by
the National Wildlife Federations
settlement agreement with FSA

June 2 – Final loan/LDP availability
date for Corn, Dry peas, Grain
sorghum, Lentils, Mustard seed,
Safflower seed, Small chickpeas,
Soybeans, and Sunflower seed
harvested in 2007

June 15 – COC Nominations Open

Notice of Loss – filed within 15
calendar days of the natural disaster
occurrence or the date the damage to
the crop or loss of production was
apparent

July 15 – deadline to provide 2007
production for NAP APH

July 15 – 2007 NAP Application for
Payment Deadline

July 15 – Acreage report deadline

July 18 – LIP/LCP Deadline

August 1 – Deadline for
restitutions

September 30 – October 1 – Women
Stepping Forward for Agriculture
Symposium, Billings



Wibaux County FSA

June 2008

ECP checks for failed water source in progress

Field visits are being made
to determine if a "failed water
source" was caused by the
lack of snow cover / no
spring run off. As soon as we
have visited your pastures



and County Committee makes a determination you will be notified.

When you have signed your application in the office,
you indicated your intentions, so you can line up contractors to
do the work. There is no guarantee of payment.

But since this is an emergency program, work can be
started. As of right now Washington has not funded this
program. Bills and cancelled checks will be needed before we
can complete the cost share process.

Some of your projects may be better suited for EQIP
contracts, more news to come on that, as rules and regulations
are released. Contact NRCS by July 1st if interested.

CDP Quantity payments

Signup for the quantity (production loss) loss portion of the
2005/2007 Crop Disaster Program (CDP) began October 15,
2007 and continues. Although no ending signup date has been
announced, we encourage all producers who have not yet
signed up for CDP to do so as soon as possible. Payments will
be delayed on all CDP production loss applications that are not
approved and paid prior to receipt of the Quality loss software,
which is expected to be issued around June 20, 2008. Signup
dates for quality loss
CDP applications will
be announced in the
near future.



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**BECOME A COUNTY  
COMMITTEE MEMBER,  
NOMINATE YOURSELF**

## COC Election Approaching

Beginning **June 15, 2008**, nominations are being accepted for candidates for County Committee (COC) positions. This is a self nominating process. Learn more about FSA programs.

A county or area served by the COC is divided into local administrative areas (LAA). Each LAA is represented by one member on the county committee. Only one LAA holds an election each year. This year the LAA open in Wibaux County is LAA 2, South of Interstate 94 and Lone Tree Road and west of Highway 7 and Highway 261. Steve Kreitinger now serves this area. Term will be up Dec. 31.

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| FSA-669A (02-25-08) Page 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       | Form Approved - UMB No. 0560-0229                                                                                                                                                                                                                                                                      |  |
| FSA-669A<br>(02-25-08)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | U.S. Department of Agriculture<br>Farm Service Agency                                                                                                                                                                                                                                                  |  |
| <b>NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                                                                                                                                                                                                                                        |  |
| 1. NAME OF NOMINEE (Type or print Nominee's Full Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | <b>TO BE COMPLETED BY COUNTY FSA OFFICE</b>                                                                                                                                                                                                                                                            |  |
| 2. ADDRESS OF NOMINEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                                                                                                                                                                                                                                                                                        |  |
| 3. NOMINEE'S CERTIFICATION<br><i>I hereby agree to have my name placed on the ballot, that I will serve if elected, and if there is a conflict of interest, I will resign such position.</i><br><br><input type="checkbox"/> I DO want to witness the settling of tied votes with another nominee.<br><br><input type="checkbox"/> I DO NOT want to witness the settling of tied votes with another nominee.                                                                                                                                                                                                                                      |                       | 5. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE (MM-DD-YYYY)                                                                                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | 6A. COUNTY                                                                                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | 6B. LAA NO.                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | 7. STATE                                                                                                                                                                                                                                                                                               |  |
| 4A. SIGNATURE OF NOMINEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4B. DATE (MM-DD-YYYY) | DATE OF ELECTION IS 1st MONDAY OF DECEMBER<br>OF EACH CALENDAR YEAR                                                                                                                                                                                                                                    |  |
| <b>8. TO BE COMPLETED BY NOMINEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                                                                                                                                                                                                                        |  |
| <b>VOLUNTARY INFORMATION FOR MONITORING PURPOSES:</b> The following information is requested by the Federal Government in order to monitor FSA's compliance with federal laws prohibiting discrimination against program participants on the basis of race, color, national origin, religion, sex, marital status, handicapped condition, or age. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your nomination or to discriminate against you in any way.                                                                                                       |                       |                                                                                                                                                                                                                                                                                                        |  |
| <b>ETHNICITY</b><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | <b>RACE (Choose as many boxes as applicable)</b><br><input type="checkbox"/> America Indian or Alaska Native <input type="checkbox"/> Black or African-American<br><input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | <b>GENDER</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female                                                                                                                                                                                                                      |  |
| <b>INSTRUCTIONS FOR COMPLETING THIS FORM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                                                                                                                                                                                                                                                                        |  |
| Complete the form as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                                                                                                                                                                                                        |  |
| <b>ITEM 1</b> Type or Print the nominee's full name. The nominee must be:<br>A. Eligible to vote in the designated County FSA Committee election.<br>B. Eligible to hold the office of County FSA Committee member.<br>C. Willing to serve if elected.                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                                                                                                                                        |  |
| <b>ITEM 2</b> Enter the nominee's current address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                                                                                                                                                                                                                                        |  |
| <b>ITEM 3</b> The nominee must check one of the boxes to indicate a preference regarding the settling of tied votes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                                                                                                                                                                                                                        |  |
| <b>ITEM 4</b> The nominee must sign and date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                                                                                                                                                                                                        |  |
| <b>ITEM 8</b> Completing this item is voluntary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                                                                                                                                                                                                                                                                                        |  |
| <b>ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST 1.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                                                                                                                                                                                                                                                                                        |  |
| <b>NOTE:</b> The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 7. The information will be used to obtain nominees for County FSA Committee.                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                                                                                                                                                                                                                                        |  |
| According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0229. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE. |                       |                                                                                                                                                                                                                                                                                                        |  |

### FSA Announces Critical Feed Program

FSA has announced the authorization of certain acreage enrolled under the Conservation Reserve Program (CRP) to be available for haying and grazing after the **primary nesting season ends which is August 1<sup>st</sup> in Montana**. No rental payment reduction will be assessed on contracts being utilized for the critical feed use. However, a \$75 fee will be charged per contract to process the contract modification. The fee must be paid prior to the local FSA county committee approving the contract modification. The fee is not refundable.

Eligible CRP participants may sign up for the critical feed use practice at their local FSA office. Participants must submit a modification to their conservation plan. This modification for critical feed use is only for 2008. All haying and grazing must be completed no later than November 10, 2008. The critical feed use practice may be used on CRP acreage that was hayed or grazed in 2007 either under the Managed Haying and Grazing provisions or the Emergency Haying or Grazing provisions.

CRP participants may use their CRP acreage for haying or grazing or may lease the privilege to any other individual. CRP participants may not hay and graze the same acreage. CRP participants must leave at least 50 percent of each field unhayed. Only one cutting of hay is permitted. CRP participants wishing to graze their CRP acreage must leave at least 25 percent of each field ungrazed for wildlife or graze all of the CRP acreage at no more than 75 percent of the stocking rate as determined by the Natural Resources Conservation Service (NRCS) or a Technical Service Provider (TSP).

Eligible acreage includes acreage devoted to: 1) CP1, Establishment of Permanent Introduced Grasses and Legumes; 2) CP2, Establishment of Permanent Native Grasses; 3) CP4B, Permanent Wildlife Habitat – Corridors; 4) CP4D, Permanent Wildlife Habitat; 5) CP10, Vegetative Cover – Grass – Already Established; 6) CP18B, Establishment of Permanent Vegetation to Reduce Salinity; 7) CP18C, Establishment of Permanent Salt Tolerant Vegetative Cover. Acreage is eligible 12 months after the cover is fully established.

### Filing a Non-insured Crop Disaster Assistance Program (NAP) Notice-of-Loss

To qualify for assistance under NAP, production losses or prevented planting must have occurred as a result of an eligible cause of loss. An eligible cause of loss is any of the following:

- damaging weather, such as drought, freeze, hail, excessive moisture, or excessive wind; or
- adverse natural occurrences, such as earthquake or flood; or
- a condition related to damaging weather or an adverse natural occurrence, such as excessive heat, disease or insect infestation.

Wildlife damage and weeds are **not** considered eligible causes of loss under NAP.

A notice of loss must be provided within 15 calendar days after the:

- disaster occurrence or date damage to the specific crop acreage is apparent to the producer for yield losses;
- final planting date for prevented planting.

If a Notice-of-Loss is filed prior to the final planting date established for the specific crop, the producer is expected to replant the crop. If the Notice-of-Loss is filed after the established final planting date and the intent is to reseed to another crop intended for harvest, such as barley for grain, which is covered under crop insurance, a NAP payment cannot be received on the original failed crop.

Montana is not a double cropping state. If the intent is to destroy the crop, summer fallow it, or reseed to another crop **not** intended for harvest, representative strips must be left in the field so that a loss adjuster can be sent out closer to normal harvest time to appraise the original seeded crop. In this situation, the original seeded crop would still be eligible for a payment.

## ***Inside this Issue***

**Critical Feed Loss Program  
CDP Quantity Payments  
COC Nomination Form  
Filing a NAP Notice-of-Loss  
Direct TV Transition**

### ***Important Dates to Remember***

June 2 – Final loan availability date for various crops  
June 2 – Critical Feed Program Signup Begins  
June 15 – COC nominations open  
Notice of Loss – 15 calendar days of the natural  
disaster occurrence or the date the damage to the  
crop or loss of production was apparent  
July 15 – Acreage report deadline  
August 1 – Reconstitution Deadline

## **2007 Census of Agriculture**

It is not too late to turn in your Census of Agriculture. USDA's National Agricultural Statistics Service (NASS) wants everyone who received a census form to return the form or call NASS toll free at 1-888-424-7828. Even if you are a landlord or have a few chickens or a horse, NASS wants to account for your form. Your information can be taken over the phone by calling the toll-free number.

For further information contact the Montana Ag Statistics Service at 1-800-835-2612.

## **Direct TV Transition**

On February 17, 2009 all full-power television stations in the United States will stop broadcasting in analog and switch to 100 percent digital broadcasting. Digital broadcasting promises to provide a clearer picture and more programming options and will free up airwaves for use by emergency responders. This will require all analog TV's to be converted to digital.

Congress has created the TV Converter Box Coupon Program for households wishing to keep using their analog TV sets after February 17, 2009. The Program allows U.S. households to obtain up to two coupons, each worth \$40 that can be applied toward the cost of eligible converter boxes. A TV connected to cable, satellite or other pay TV service does not require a TV converter box from this program.

Please log on to the Montana FSA website at <http://www.fsa.usda.gov/mt> and click on the website for the HDTV \$40 coupon offer to apply for a coupon or learn more about the program.